

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 09774936	FILING DATE 1/31/01	APPLICANT(S)		
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	1						51				
2	1						52				
3	1						53				
4	1						54				
5	1						55				
6	1						56				
7	1						57				
8	1						58				
9	1						59				
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42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
T TAL IND.	11						T TAL IND.				
TOTAL DEP.	7						TOTAL DEP.				
TOTAL CLAIMS	18						TOTAL CLAIMS				